

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1PET (1738) FAX (602) 364-1039
VETBOARD.AZ.GOV

received
6/19/19

COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: June 19, 2019 Case Number: 19-90

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: A.B.C. VET Clinic
Premise Name: Tami Mares-Ziehm
Premise Address: 1114 S. Craycroft
City: Tucson State: AZ Zip Code: 85711
Telephone: 520-745-4564

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: Danny M. Quezada
Address: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

C. PATIENT INFORMATION (1):

Name: Kloe
Breed/Species: Katikoat
Age: 1yr Sex: Female Color: white/Brown/blk

PATIENT INFORMATION (2):

Name: _____
Breed/Species: _____
Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

ABC Surgeon - Tam: Mares - Ziehm L.C. 6635 AZ

Emergency Vet at Valley Animal - Dr. Zarate ~~CAROT~~

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

At Valley the Dr. had a undergrad with her I don't
know her name?

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Day M. Qu

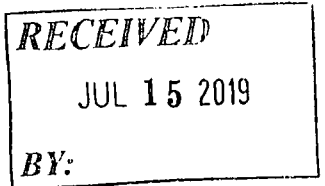
Date: June 14, 2019

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

On June 6th 2019 Kloe had an apt to have her get spayed, the cat was perfectly fine that morning she was very hungry But told not to feed her After 6pm the night before. I got to the Vet At 7.05 AM. I checked in and waited for her to be called About 7.50 AM the staff took her & a few minutes later told me she was pregnant & asked if I wanted pain meds for her i said yfs So As i Left I waited till 2.30pm i called the Vet to see if she was ready, the lady said yfs to come get her, I arrive at 300pm & was told to wait, As i waited the staff had a look of concern when i told them i was there to pick up Kloe. Upon waiting one of the staff came to me & said Kloe was not responding well to coming out of the anesthesia. She asked if she could run some blood work I asked how much would it cost she said they would let the cost. After about an hour I spoke to a gentleman who told me he didn't do the surgery to my Babsy, But said she was close to bad things she was low on Red Blood Cells, possibly due to taking her uterus out and could be lost of blood. I was told to take her to an E.R. vet to have her looked at I took her to Valley Emergency Clinic where the Vet Dr. Carotrueto told me the cause could be Kiv or leukemia that outdoor cats could have problems in surgery I had her tested She tested negative for Both →

She told me Kloe had lost a lot of blood & needed a blood transfusion, I asked her what the cost would be it was close to \$2500 to \$3000. I asked her if I did would she live. There was no guarantee she would make it. So I took her home & was told to buy her strong protein diet that it could be possible she was just weak from the surgery. I bought her 3 different bags & other foods to no avail. She died the next day at 1.30 pm ☹️



Animal Birth Control of Tucson, Inc.
1114 S. Craycroft Rd.
Tucson, AZ 85711
520-490-7185

In Re: Tami Mares-Ziehm, D.V.M., Case No. 19-90

Khloe Byrnes, a one-and-a-half (1 ½) year-old intact female cat presented to ABC Petcare, for a scheduled appointment, on the morning of June 6, 2019, for a routine spay. Khloe's owner, Daniel Quezada, reported that Khloe had no known health concerns. I reviewed Khloe's intake paperwork, and conducted a physical examination on Khloe. I observed a distended abdomen and mammary development, and noted that she was likely pregnant. I did not observe any other abnormalities during my physical examination of Khloe.

Mr. Quezada approved a revised estimate for the spay procedure, which included additional subcutaneous fluids since Khloe was pregnant. ABC Petcare recommended pre-surgery lab work, but it was declined by the owner. Prior to surgery, Khloe was administered a ketamine/acepromazine combination intramuscularly approximately 10-15 minutes before she was brought to the surgical prep area. She was then masked with isoflurane, and shaved and scrubbed for surgery. Khloe was moved to the surgery table and maintained and monitored on isoflurane gas anesthesia and a pulse oximeter. A copy of Khloe's anesthesia records are contained with the enclosed medical records.

The surgery was unremarkable. I removed Khloe's large, distended, and fluid-filled uterus, which contained eight (8) fetuses. Khloe was continuously monitored after the surgery by a technician as she came out from under the anesthesia. She was ultimately moved to a post-op kennel to finish her recovery. Khloe was continuously monitored by the prep technicians during her recovery in the post-op kennel. The technicians, in addition to being continually present in the post-op room, also conduct an examination of ABC Petcare's post-op patients at least every 30 minutes. Any abnormalities are documented on the patient's record. In Khloe's case, the technicians did not observe anything abnormal during her initial post-op recovery. After completing numerous unrelated surgeries, I conducted a walk-through examination of all the post-op patients including Khloe, and did not observe any concerns at that time. This concluded my direct involvement in Khloe's care.

Khloe's care was transferred to Dr. Michael Rice. After I left the ABC Petcare, at discharge, Khloe's technician observed that she appeared to be abnormally lethargic given the time of the surgery. The technicians notified the attending veterinarian, Dr. Rice, who examined Khloe, and recommended a CBC panel. Mr. Quezada was reluctant to approve the CBC because of the associated costs. ABC Petcare agreed to administer the CBC panel free of charge. The CBC panel revealed that Khloe was anemic. Dr. Rice recommended that Mr. Quezada take Khloe to the emergency facility for further treatment. I was notified of Khloe's condition via telephone. I contacted the emergency facility following its examination of Khloe. I was notified that Mr. Quezada had declined a recommended blood transfusion. I was further informed that the emergency facility performed an ultrasound which showed only scant amounts of free fluid in the abdomen, and that her tests for FeLV and FIV were negative. After Mr. Quezada declined additional treatment, he returned home and was told to follow-up with ABC Petcare if needed.

We called Mr. Quezada on both the morning of June 7, 2019 and June 8, 2019. On June 8, 2019, Mr. Quezada reported that Khloe had passed. I called Mr. Quezada to offer my condolences and answer any questions he had. We discussed the possibility that Khloe had an underlying condition that may have impacted or complicated her recovery. Unfortunately, my understanding is that a necropsy was not performed in this case.

Several days later, Mr. Quezada left a voicemail message with ABC Petcare, demanding financial compensation for his loss. I returned his call. He asked for my name and license number so that he could file a board complaint. I provided him with the requested information.

I am confident that all veterinary services provided by me and ABC Petcare to Khloe were performed professionally, and in compliance with the applicable standard of care. A copy of Khloe's medical records, testing, and discharge instructions are enclosed with this Response. Thank you for providing me with the opportunity to respond to this Complaint. I respectfully request that the Board dismiss Claim No. 19-90 with no violations.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Tami Mares-Ziehm', written in a cursive style.

Tami Mares-Ziehm, D.V.M.



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INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: PM Investigative Committee: Adam Almaraz - Chair
Amrit Rai, DVM
Christine Butkiewicz, DVM
William Hamilton
Brian Sidaway, DVM

STAFF PRESENT: Tracy A. Riendeau, CVT – Investigations
Victoria Whitmore - Executive Director
Mary Williams – Assistant Attorney General

RE: Case: 19-90
Complainant(s): Danny Quezada
Respondent(s): Tami Mares-Ziehm, DVM (License: 6635)

SUMMARY:

Complaint Received at Board Office: 6/19/19
Committee Discussion: 9/10/19
Board IIR: 10/16/19

APPLICABLE STATUTES AND RULES:

Laws as Amended August 2018
(Lime Green); Rules as Revised
September 2013 (Yellow)

On June 6, 2019, "Khloe," a 1.5-year-old female domestic medium hair cat was presented to Respondent for a spay procedure. Upon exam, Respondent noted that the cat was likely pregnant; pre-surgical blood work was offered but declined by Complainant. Upon entering the abdomen, Respondent noted the cat was pregnant and the spay procedure was performed.

During recovery it was noted that the cat was abnormally lethargic. Complainant was advised of the cat's status. A complimentary CBC was performed and revealed the cat was anemic; the cat was referred to an emergency facility.

After exam and diagnostics by the emergency doctor, hospitalization for blood transfusion and monitoring was recommended. Complainant declined due to financial constraints and the cat was discharged. The cat died the following day.

Complainant was noticed and did not appear.
Respondent was noticed and appeared with Counsel, David Stoll.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Danny Quezada*
- Respondent(s) narrative/medical record: *Tami Mares-Ziehm, DVM*
- Consulting Veterinarian(s) narrative/medical record: *VCA Valley Animal Hospital and Emergency Center*

PROPOSED 'FINDINGS of FACT':

1. On June 6, 2019, the cat was presented to Respondent for a spay procedure. Upon exam, the cat had a weight = 10.5 pounds, a temperature = 100.1 degrees, a heart rate = 180bpm and a respiration rate = 50rpm. Respondent noted the cat had a distended abdomen and mammary development, and advised Complainant that the cat was likely pregnant. No other abnormalities were noted. Respondent advised Complainant that the cat would need SQ fluids and revised the estimate for a pregnant spay with fluids. Pre-surgical blood work was offered and declined.

2. The cat was administered 0.5mLs Ketamine/Ace IM (ket 100mg/ml – Ace 10mg/mL) and was maintained with isoflurane and oxygen via mask. Ovarian pedicles were clamped and ligated with autolig; uterine body was clamped and double ligated with 0-PDO; fascia and subcutaneous tissue closed with 3-0 PDO; and skin closed with 4-0 PDO. During surgery it was noted the cat's temperature was 97.3 degrees and methods to warm the cat were started. The cat was administered 150mLs LRS SQ and Onisor 6mg; 1 tablet orally once a day for 3 days, was prepared to send home with the cat. Respondent checked on the cat before she left the premises and she seemed to be doing well. Respondent left and the cat's care was transferred to Dr. Rice.

3. Later that day, staff noted that the cat seemed to be more lethargic than normal. Dr. Rice examined the cat; T= 98.5, P = 180bpm, R = 40rpm. The cat's mucous membranes were pale pink, CRT > 2 seconds and her abdomen felt mildly to moderately distended, possibly fluid filled. Dr. Rice spoke with Complainant who had arrived to pick up the cat. He expressed his concerns and recommended a CBC; Complainant was reluctant due to costs therefore Dr. Rice performed a complimentary CBC which revealed that the cat was anemic (RBC – 4.9; HCT – 20.6; HGB – 7.2; WBC – 37.85; Neuts – 34.63; Monos – 0.69; Eos – 0.12). He expressed his concern to Complainant that the cat could have an abdominal hemorrhage secondary to surgery or something else going on and recommended referral to an emergency facility for care and possible ultrasound.

4. Later that day, the cat was presented to Dr. Carotenuto due to a rough recovery after a pregnant spay procedure. The cat was examined and a FAST scan was performed which showed a very small amount of effusion cranioventral to the bladder and between the liver lobes. Dr. Carotenuto was able to aspirate a small amount and run a PCV on the abdominal fluid (24%). She explained to Complainant that there could be several reasons for the cat's anemia; pregnant spay, surgical complication, infectious disease, coagulopathy; and concurrent disease. Dr. Carotenuto recommended: Blood typing, blood transfusion, crossmatching, hospitalization with recheck FAST scan; and serial PCV monitoring.

5. Due to Complainant's financial constraints, only the FAST scan and FeLV/FIV test (both negative) were performed. Complainant asked if Respondent would pay for the cat's treatment. Dr. Carotenuto explained that without pre-surgical blood work, it was impossible to tell whether the cat had been anemic prior to surgery and at that time, she could not prove anything had been done incorrectly in surgery therefore Complainant was responsible for payment at that point. Complainant elected to take the cat home without further care and recheck with Respondent the following morning. Discharge instructions were given and the cat was discharged.

6. On June 7, 2019, Respondent's premise staff called Complainant to check on the cat. Complainant reported that the cat is not doing well and he could not afford the recommended blood transfusion therefore he was monitoring the cat.

7. Later that day the cat passed away.

COMMITTEE DISCUSSION:

The Committee discussed that unfortunately there was not enough information to determine the cause of death of the cat. It is conceivable that there was a surgical error and hemorrhage into the abdomen. There was blood found on the ultrasound, although very little blood. However, there are many other reasons why the cat could have been anemic and without a pre-operative CBC it is hard to determine the reason. Therefore the Committee could not find evidence to support a violation in this case.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the *Veterinary Practice Act* occurred.

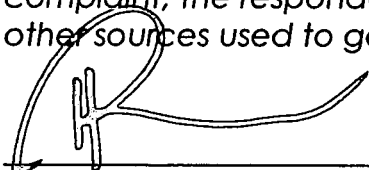
COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 5 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.



Tracy A. Riendeau, CVT
Investigative Division